

## Certificate of Need Program

## REPRESENTATIVE REGISTRATION

Runaber   Kansas City Post Acute   Sa74 NS	(A registration form must be completed	d for <b>each</b> project prese	ented.)		
Name of Representative   Title	•				
Name of Representative  Michael Levitt  Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)  Barry Road Rehabilitation & Healthcare (mind to Parvin Rd+ NJauksan)  Address (Street/City/State/Zip Code)  3759 N. Jackson (Parvin Rd & N.Jackson) Kansas City (Clay County) MO  Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)  Name of Individual/Agency/Corporation/Organization being Represented  Tutera Senior Living and Health Care  Address (Street/City/State/Zip Code)  7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you:  Support  None  Bemployee  Neutral  Legal Counsel  Consultant  Lobbyist  Other Information:	Kansas City Post Acute	5374 N	S		
Michael Levitt  Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)  Barry Road Rehabilitation & Healthcare (movel to Parvin Kd+N.Jadkson)  Address (Street/City/State/Zip Code)  3759 N. Jackson ( Parvin Rd & N.Jackson) Kansas City ( Clay County) MO  Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)  Name of Individual/Agency/Corporation/Organization being Represented  Tutera Senior Living and Health Care  816-444-0900  Address (Street/City/State/Zip Code)  7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you: Relationship to Project:  Support  Oppose  Neutral  Legal Counsel  Consultant  Lobbyist  Other Information:	(Please type or print legibly.)				
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Who's interests are being represented?  (If more than one, submit a separate Representative Registration Form for each.)  Name of Individual/Agency/Corporation/Organization being Represented  Tutera Senior Living and Health Care  Address (Street/City/State/Zip Code)  7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you:  Support  None  Oppose  Neutral  Legal Counsel  Consultant  Lobbyist  Other Information:  Other (explain):	Address (Street/City/State/Zip Code)	•			
Check one. Do you: Relationship to Project:   Support   None   Dopose   Neutral   Lobbyist   Consultant   Lobbyist   Consultant   Lobbyist   Cother (explain):		nty) MO			
Name of Individual/Agency/Corporation/Organization being Represented  Tutera Senior Living and Health Care  Address (Street/City/State/Zip Code)  7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you:  Support  Oppose  Neutral  Relationship to Project:  Employee  Legal Counsel  Consultant  Lobbyist  Other Information:  Other (explain):		on Form for each )			
Address (Street/City/State/Zip Code)  7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you:  Support  Oppose  Neutral  Relationship to Project:  Employee  Employee  Consultant  Consultant  Lobbyist  Other Information:  Other (explain):		Tomijor each.)	Telephone Number		
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7611 State Line, Suite 301 Kansas City, mO 64114  Check one. Do you:  Support  Oppose  Neutral  Relationship to Project:  None  Employee  Legal Counsel  Consultant  Lobbyist  Other Information:  Other (explain):	<u> </u>		810-444-0900		
Check one. Do you:  Support  Oppose  Neutral  Relationship to Project:  None  Employee  Legal Counsel  Consultant  Lobbyist  Other Information:  Other (explain):					
□ Support □ Oppose □ Neutral □ Legal Counsel □ Consultant □ Lobbyist Other Information: □ Other (explain):	7611 State Line, Suite 301 Kansas City, mO 64114				
Oppose  Neutral  Legal Counsel  Consultant  Lobbyist  Other Information:  Other (explain):	Check one. Do you:	Relationship to	Relationship to Project:		
☐ Neutral ☐ Legal Counsel ☐ Consultant ☐ Lobbyist ☐ Other Information: ☐ Other (explain):	☐ Support	✓ None			
☐ Neutral ☐ Legal Counsel ☐ Consultant ☐ Lobbyist ☐ Other Information: ☐ Other (explain):	Oppose )	☐ Emp	loyee		
Other Information:  Consultant  Lobbyist  Other (explain):					
Other Information:   Lobbyist  Other (explain):					
Other Information:					
	Other Information		•		
$\cdot$			r (explain):		
We are under development.	We are under development.	<del></del>			
10 cated (1) mile as The crow flies.	located (1) mile as The crow f.	lies.			
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.	I attest that to the best of my belief and knowledge the me is truthful, represents factual information, and is which says: Any person who is paid either as part of it support or oppose any project before the health facilities lobbyist pursuant to chapter 105 RSMo, and shall also facilities review committee for every project in which su whether such person supports or opposes the named put the names and addresses of any person, firm, corporal registering represents in relation to the named project. subsection shall be subject to the penalties specified in	e testimony and info in compliance with § his normal employme es review committee so register with the sta- uch person has an in- project. The registrati tion or association th Any person violating	§197.326.1 RSMo ent or as a lobbyist to shall register as a ff of the health terest and indicate ion shall also include at the person		
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MO 580-1869 (11/01)	MO 580-1869 (11/01)		1//-		



## Certificate of Need Program

## REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)				
Project Name	Number			
Kansas City Post Acute	5374 NS			
(Please type or print legibly.)				
Name of Representative	Title			
Michael Levitt				
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number		
Congress Park ( aka Tiffany Springs Rehabilitation and Health Care)		816-444-0900		
Address (Street/City/State/Zip Code)				
Old Tiffany Srpings Rad and N. Ambassador Drive, KC, (Platte) MO				
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for	each.)			
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number		
Congress Park		816-444-0900		
Address (Street/City/State/Zip Code)				
Check one. Do you:	Relationship to Project:			
Support	☑ None	e		
Oppose)	☐ Emp	loyee		
Neutral	_	l Counsel		
	~	sultant		
	☐ Lobb			
Other Information:	_	er (explain):		
We are under construction and are located 8 miles as the crow		or (explain).		
flies from this site.	<u> </u>			
I attest that to the best of my belief and knowledge the testimony me is truthful, represents factual information, and is in compliate which says: Any person who is paid either as part of his normal support or oppose any project before the health facilities review consistent to chapter 105 RSMo, and shall also register we facilities review committee for every project in which such person whether such person supports or opposes the named project. The the names and addresses of any person, firm, corporation or associated registering represents in relation to the named project. Any person subsection shall be subject to the penalties specified in §105.478.	nce with employmented in the standard in the s	§197.326.1 RSMo ent or as a lobbyist to shall register as a uff of the health terest and indicate ion shall also include nat the person		
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